THE PEOPLE LIVING WITH HIV STIGMA INDEX

KYRGYZSTAN

Bishkek 2015

ANALYTICAL REPORT

KYRGYZSTAN

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TERMS AND ABBREVIATIONS

AIDS – acquired immune deficiency syndrome.

ART – treatment of HIV infection using antiretroviral medicine.

Confidentiality is non-disclosure of private or confidential information, the inadmissibility of its transfer or sharing with third parties without the permission of the one to whom the information relates. Confidentiality is an important part of building trust.

Discrimination is an unjustified distinction in the rights and obligations of a person based on a particular feature. Often discrimination results from stigmatization and lies in actions and/or inaction aimed at stigmatized individuals. For example, discrimination associated with HIV is manifested in particular treatment of people, which puts them at a disadvantage, and violates their rights due to the fact that they have been diagnosed with HIV (or are suspected of it), or are closely related to people living with HIV (e.g., partners or members of the household).

HIV – human immunodeficiency virus.

Household is a group of people who live in the same place (a house or other dwelling place), sharing space and resources; they are often – but not necessarily – members of the same family.

MSM – men who have sex with men.

PLHIV self-help group – a group of people with a positive HIV status, organized, both formally and informally, to provide mutual support, the opportunity to share the experience of living with HIV and protecting the interests of people living with HIV.

Discrimination can occur within a family or community, when people avoid individuals living with HIV, do not allow them sharing eating utensils, prohibit interaction and contacts with people living with HIV. At the level of healthcare institutions, discrimination occurs when people living with HIV are isolated from other patients or even denied access to health services. In the workplace, discriminating practices include dismissals of employees living with HIV, or when his/her rights of promotion are violated due to their HIV status or when their right of non-disclosure of his/her HIV status to colleagues at work without his/her consent is ignored.

Discrimination in educational settings occurs when students with an HIV positive status are not allowed to attend the school.

At the state level, discrimination can be effectively backed up by laws and regulations. The example of discrimination is the existence of restrictions on entry and residence for people living with HIV, prohibition of certain activities, as well as the requirement of mandatory HIV testing for some groups of population.

PLHIV – people living with HIV, a term used to define a person or group of people with HIV-positive status.

PLHIV Network – a group, association or community of PLHIV, who share common objectives.

PWID – people who inject drugs.

Self-stigmatization, internalized (or perceived) stigma is the terms to describe the way PLHIV feel about themselves (above all, shame of their HIV positive status). This leads to lower self-esteem, depression, feeling of worthlessness; it can cause a break with a person living with HIV, disruption of their social and personal relationships, holding aloof from various services and opportunities for the fear of discrimination.

Stigma Index in the context of sociological studies is understood as a set of information (data) that allows researchers to draw conclusions about a specific problem, evaluate the difference between the situations in different territories, as well as their change over time. Thus, the index of stigma or stigmatization of people living with HIV helps determine the level and features of stigma and discrimination based on HIV status in a given community at a given time. These data enable monitoring the situation and observing changes in the level of stigma and discrimination against people living with HIV in this community.

Stigma, stigmatization is defamation, humiliation of a person and/or his/her perception of being deprived of their honour and dignity in the eyes of other people; HIV related stigma is often based on prejudices based on gender, sex or ethnicity, and amplifies them. In particular, HIV and AIDS are often associated with publicly condemned behaviours: sex work, drug use, same-sex relations, or transgenderism. The HIV-related stigmatisation does not only affect people living with HIV, and those close to them, including their intimate partner or spouse, children and other members of the household.

SW – sex worker or men/women/people who sell sex.

Transgender is an umbrella term to refer to people whose self-expression or behaviour are based on gender identity which does not match the biological sex ascribed at birth. .

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INTRODUCTORY REMARKS

HIV-related stigma and discrimination are a major barrier for people living with HIV to accessing HIV prevention, treatment and support. In order to protect the rights and interests of people living with HIV it is very important to have information, clearly reflecting the actual situation: what challenges and difficulties people face, and how these challenges affect their own lives and the lives of their close ones.

In order to get such information, in 2005 an initiative to collect data on stigma and discrimination around the world was launched at the international level (www.stigmaindex). The initiators included international organizations working in the field of protecting the rights of people living with HIV: The International Planned Parenthood Federation (IPPF/IPPF), the Global Network of People Living with HIV/AIDS (GNP+), International Community of Women Living with HIV/AIDS (ICW) and the Joint United Nations Programme on AIDS (UNAIDS).

That was how the global study of "People Living with HIV Stigma Index" was established – by people living with HIV, and for people living with HIV. It aims at getting information about the HIV-related stigma, discrimination and human rights violations, namely:

- to collect information about various instances of HIV-related stigma and discrimination, faced by people living with HIV in a particular community;
- compare the effects of a specific problem on the life of people living with HIV in a particular country and other countries;
- track changes over time (improvement or worsening) in the situation of a particular community (country);
- to provide evidence base for making changes into social and medical support of people living with HIV.

Knowing these factors helps improve understanding of the extent and types of stigma and discrimination faced by people living with HIV. That is why organizations involved in this work, strive for widespread promotion of the Stigma Index, as well as its use as an advocacy tool to protect rights of people living with HIV.

* * *

It is very important that Stigma Index research is designed and implemented by people living with HIV, with due regard to ethical aspects of the research. Following the methodology, interviews with people living with HIV are conducted by interviewers who are themselves people living with HIV, thus promoting mutual understanding between the respondent and the interviewer. Two requirements are also of particular importance: informed consent and complete confidentiality of information. All these ethical issues are intrinsic parts of this methodology.

Prior to the start of the research in July 2015 consultations were held in Kyrgyzstan, which involved all stakeholders representing government agencies, civil society, UN agencies and international organizations. During the meeting, it was noted that this would be the first research in the country, and it was very important to obtain information on the HIV-related stigma and discrimination Index for the subsequent development of strategy to reduce stigma and discrimination; all suggestions being considered, the research was discussed and approved by partners. The minutes of the meeting is attached.

The approval of the Medical and Social Research Ethics Committee is also attached.

The research of People Living with HIV Stigma Index in Kyrgyzstan was carried out in the summer and autumn of 2015, as part of a large-scale Stigma Index study in the three Central Asian countries (Kazakhstan, Kyrgyzstan and Tajikistan). The research helped characterize groups of people living with HIV in the region, identify the major «risk» points of stigma, discrimination and rights violation, and thus, identify forward-looking and desirable areas in the development of relevant programmes.

In the wake of the study, in January 2016 an inter-country working meeting of government agencies, NGOs and PLHIV communities of Kazakhstan, Kyrgyzstan and Tajikistan was held in Almaty. The meeting provided potential strategies to counter stigma and discrimination at the national level for each country.

BRIEF INFORMATION ABOUT COMMUNITY ORGANIZATIONS, INVOLVED IN THE STUDY

"Central Asian Association of People Living with HIV" association of legal entities

The non-profit non-governmental association «Central Asian Association of People Living with HIV» (hereinafter the Association) was established by a number of national networks of people living with HIV in 2009. The Association was established to support national associations of people living with HIV to promote access for people living with HIV in Central Asia to health and social assistance, as well as integration of people living with HIV into the life of society as active and important members. Currently, the Association operates in several countries of the region including Kazakhstan, Kyrgyzstan and Tajikistan.

The goals of the Association

- Monitoring of human rights in the context of HIV and AIDS.
- Promoting awareness and public knowledge about the HIV/AIDS epidemic and its impact.
- Participation in the development and implementation of joint inter-regional awareness campaigns in countries of Central Asia.
- Assistance in developing and implementing programmes to prevent and combat stigma and discrimination faced by people living with HIV.
- Joint implementation of ethical norms, principles of bioethics and human rights in clinical trials and biomedical research.
- Promoting the implementation of international human rights instruments.

"Country's Network of People Living with HIV" association of legal entities

The Country's Network of People Living with HIV was registered on April 11, 2011. The decision on registration was taken by people living with HIV in five regions of the Kyrgyz Republic.

Mission of the Association: Improve access to effective, safe, timely, quality care, promote greater involvement of people living with HIV in decision-making at regional and national levels, on key aspects of the HIV/AIDS response and the elimination of its impact at all levels, as well as capacity building of members of the Association and organizations of people living with HIV.

Objectives of the Association:

- Promoting quality treatment, rehabilitation, social, legal and other support of people living with HIV.
- Promotion of cross-border relations between the organizations of people living with HIV and their allies, for sharing experience and joint participation in activities aimed at broader involvement of people living with HIV in the decision-making process concerning key aspects of the HIV response.
- Capacity building of organizations and communities of people living with HIV.
- The development of partnerships of civil society and government agencies aimed at securing a constructive HIV response.
- Promoting a social environment conducive to the wellbeing of people living with HIV, by implementing changes in legislation, influencing public opinion and the position of decision-makers, as well as key community leaders.
- Human rights promotion and carrying out activities related to HIV and the spread of any information that contributes to it.

RESEARCH METHODOLOGY

The questionnaire survey methodology was used to estimate the stigma index in Kyrgyzstan, which was developed and recommended by the Global Network of People Living with HIV (GNP+), the International Community of Women Living with HIV (ICW), the International Planned Parenthood Federation (IPPF), the United Nations Joint Programme of on HIV/AIDS (UNAIDS). The detailed description of the methodology can be found at:

http://www.stigmaindex.org/

Research tools

Data collection was performed using a standardized questionnaire containing both close-ended (with a pre-formulated answers), and open-ended questions. The questionnaire included the following information sets:

- information about the interviewee
- experiences of external stigma and discrimination
- access to work, health and education services
- self-stigma and fears
- awareness of rights, laws and policies
- appeals for help due to stigma or discrimination
- HIV testing and diagnosis experience
- information disclosure and confidentiality
- HIV treatment
- reproductive behaviour (having children).

A considerable part of questionnaire applied to the period of the last 12-months (since the technique provides the annual index measurement).

Sampling

The research target group were people living with HIV in the three Central Asian countries: Kazakhstan, Kyrgyzstan and Tajikistan.

In order to make findings of the of research more representative for the entire country, the samples of interviewees were formed in three phases. In the first phase, "pockets" were selected meaning cities and areas with the highest HIV prevalence. Then the number of interviewees to be surveyed in each «pocket» was determined proportionally to the number of registered people living with HIV.

Finally, the eventual selection of the respondents was randomised among those registered in the AIDS centres and local NGOs (besides, the principle of involving respondents both from government and non-governmental organizations in equal shares was observed). The sampling space of respondents was determined by NGO coordinators: in Kazakhstan by «Kazakhstan Union of PLHIV,» in Kyrgyzstan – Country Network of PLWH Association, in Tajikistan – «SLUIN Plus» NGO. The selection of respondents consider gender, age and social (belonging to groups with high-risk behaviour) balance.

Quantitative and qualitative sampling characteristics implemented in Kyrgyzstan (n = 150) are included in Table 1.

Specific development of the HIV epidemic, the lack of estimates of the number of PLHIV in some areas, insufficient HIV test coverage of vulnerable groups, as well as their desire to conceal the diagnosis of HIV-infection, suggest that people living with HIV should be defined as a group hard-to-reach for research. Although the respondent selection rules and orientation on the accessible part of the statistical universe were observed, nevertheless the realized sampling remained conventionally representative.

Table 1.

PLHIV Sampling Implemented in Kyrgyzstan.

Name of the area	Number of respondents
Bishkek city	54
Jalalabad city	16
Osh city	16
Noukatsky district, Osh oblast	16
Issyk-Ata district in Chui oblast	16
Moskovsky district, Chui oblast	16
Jaiyl district, Chui oblast	16
Total:	**150**

Data Collection

The data collection was carried out in the course of standardized face-to-face interviews with people living with HIV in August-September 2015. The average interview lasted about 40 minutes.

The interviewers' teams were enrolled based on the peer-to-peer principle, i.e. interviewers mostly included activists from among people living with HIV, as well as employees of organizations experienced in providing services for people living with HIV. When forming the teams gender balance was observed.

All interviewers were trained to provide support to the interviewees as they go through the standardized questionnaire. Quality control of interviewers' work was carried out by regional coordinators.

Compliance with ethical principles

The selection criteria for PLHIV was age 15 or above.

Informed consent of respondents was a mandatory requirement to participate in the study, which ensured the principles of voluntariness, anonymity and confidentiality.

The interviews were anonymous and confidential, without the presence of third parties. No identification data (names, addresses or other contact information) was collected.

Data analysis

The coded study data were entered in MS Excel spreadsheets and then converted into SPSS for subsequent analysis.

Statistical analysis included the calculation of frequency distributions (the basis for calculating shares was the number of respondents), as well as a comparative analysis of data by specific sub-groups, including sex, age and duration of living with HIV (only statistically significant differencеы were included in the report). A cross-tabulation analysis was conducted by key indicators for subgroups of women and men, as well as injecting drug users (in the past or current) or those without such experience. Static assessment of the significance of these differences by certain subgroups of PLHIV was carried out based on χ^2 criteria.

The procedure grouping and ranking was used for the analysis of qualitative information (answers to open-ended questions).

HIV-INFECTION. SITUATION IN THE KYRGYZ REPUBLIC

HIV/AIDS ESTIMATES (2015)[1]

The number of people living with HIV – 8100 [6400 – 10,000].

HIV prevalence among adults aged 15–49 years – 0.2% [0.2%–0.3%].

Adults of 15 years and above living with HIV – 8000 [6300 – 10,000].

Women aged 15 and above living with HIV – 2600 [2000 – 3300].

Children of 0–14 aged and above living with HIV – <200 [<200 – <200].

Related to AIDS mortality – <500 [<200 – <500].

Orphans aged 0–17, who lost their parents to AIDS – 1900 [1300– 2400].

The epidemic of HIV infection in the Kyrgyz Republic is in the concentrated stage[2], therefore Kyrgyzstan remains a country with low HIV prevalence. According to the Republican AIDS Centre, on January 1, 2015 a total of 5760 people living with HIV were reported, of which 5505 were citizens of the Kyrgyz Republic; 691 patients from this number were in the terminal stage of the disease. Within the years of observation 1,096 people living with HIV died, 346 of them developed AIDS. In 2014 the share of people living with HIV and injecting drugs reached 28.6%.

In 2011 HIV incidence in the Kyrgyz Republic per 100 000 population amounted to 10.8, in 2012 – 12.5, in 2013 – 8.5, in 2014 – 10.5. According to «Spectrum» software projector, in Kyrgyzstan 8,012 people were living with HIV in 2013.

436 347 Kyrgyz citizens were tested for HIV in 2014, which amounted to 7.5% of the Kyrgyz population. 92% of those tested learned their results. In hospitals 4% of patients did not have pre-test counselling. Among those testes pregnant women were the largest group of 43.4%, of whom 0.04% were diagnosed with HIV.

Over the five-year period (from 2010 to 2014) the number of registered HIV cases in the country doubled (from 2,718 cases as of 01.01.2010 up to 5,760 by 01.01.2015. The number of HIV cases among women grew 2.2 times. While in 2010 women comprised 30% of newly registered HIV cases, in 2014 their share was as large as 43.7%. Of those, 2.4% of women were using drugs, 10% had sexual partners of people who inject drugs. However, 87.6% of the women stated that their sexual partners had nothing to do with drug use. The main share of new HIV infections (67.4%) were of working and reproductive age category, namely aged 20–39. The share of HIV-positive children under the age of 15 was 9.6%.

523 children living with HIV were reported by 01.01.2015; of them 345 had parenteral route of HIV transmission, 155 had vertical HIV transmission, two had sexual transmission and 21 children had unknown origin of HIV transmission. In 2014 36 children were diagnosed with HIV infection, of them 13 had the parenteral route of HIV transmission, 15 were the cases of mother-to-child transmission and 8 infections were of unidentified origin.

The prevalence acceding 5% was recorded in three key populations: people who inject drugs, prisoners, and men who have sex with men. In 2014 HIV prevalence among pregnant women remained low at 0.04%, which confirmed that the HIV epidemic in the Kyrgyz Republic was at the concentrated stage. According to sentinel surveillance people who inject drugs were the most affected population. In 2013, HIV prevalence in that population was 12.3% as reported by sentinel surveillance.

1 *According to UNAIDS.*

2 *The Kyrgyz Republic. Global AIDS Response Progress Report. 2014 reporting period.*

SOCIAL AND DEMOGRAPHIC CHARACTERISTICS OF PEOPLE LIVING WITH HIV

Gender and Age Characteristics

There were slightly more men (55.3%) than women (44.7%) among respondents living with HIV in Kyrgyzstan. Among people living with HIV and injecting drugs, the percentage of men was significantly higher compared to women: 2 to 1 ($\chi^2 \leq 0.001$; see Annex).

The overwhelming majority of people living with HIV (nearly 80%) were of working age: 48.0% were aged 30-39, 30.7% were aged 40-49. The proportion of people living with HIV younger than 24 was 4%, and aged 50 and above – 12.0%.

The difference in age distribution among women and men was not statistically significant (see Annex): the main share of people living with HIV aged 30-49 in both groups, featuring a slight increase in the proportion of younger women living with HIV. Among people living with HIV who inject drugs were not represented under the age of 30 which, however, was not a statistically significant difference; see Annex).

Place of residence

One in two people living with HIV (43.6%), interviewed in Kyrgyzstan, lived in a city; one in three (32.2%) in a rural area, and one in four (24.2%) lived in a small town or a village.

For both women living with HIV and people living with HIV and injecting drugs, no statistically significant differences were observed regarding their place of residence (see Annex).

Marital status and sexual relations

The vast majority of people living with HIV were sexually active (73.3%). Among men living with HIV the share of sexually active individuals was significantly larger than among women living with HIV ($\chi^2 \leq 0.05$; see Annex).

The marital and family status of people living with HIV was as follows: almost every second respondent (39.3%) was married and lived with the spouse, one in five (20.0%) was single, slightly lesser number (17.3%) were divorced; those who had relationships but lived apart were 10.7%, and 8.7% were widows/widowers. In most cases, the relationship with the spouse or the sexual partner lasted from one to four years (31.6%) or between 5–9 years (30.6%); in every fifth case (18.4%) relationships lasted less than one year, and one in ten respondents (10.2%) had their relationships for 10 years and longer.

Marital and family status of men and women was statistically significantly different ($\chi^2 \leq 0.001$; see Annex). For instance, women were married and living with their husbands 1.5 times more often, than men, who responded much more often that they were single, divorced, or having relationships but living apart.

Marital status of people living with HIV who inject drugs was not significantly different, although there was a slightly higher proportion of those divorced or having relationships but living apart (see Annex).

Children

About two out of three people living with HIV interviewed in Kyrgyzstan had children (65.3%). Herein 4.0% of people living with HIV reported that at least one of their children was diagnosed with HIV. Among women living with HIV a larger share of those having children was statistically significant ($\chi^2 \leq 0.001$; see Annex). The indicator for people who live with HIV and inject drugs had no statistically significant difference.

Education, employment and income

Approximately one in two people living with HIV (49.7%) had secondary education in the Kyrgyz Republic (graduated from secondary school); 43.6% graduated from a technical college or university (i.e., had vocational or higher education). The share of people living with HIV having primary education was 6.7%. No statistically significant differences in subgroups of women and people who live with HIV and inject drugs by the level of education were established (see Annex).

One in three people living with HIV (31.5%) reported no employment, one in five (20.1%) had odd and/or part-time jobs; one in four (24.8%) had full-time employment. No statistically significant differences were found in subgroups of women living with HIV and people who live with HIV and inject drugs (see Annex).

The average monthly income of PLHIV households was 18,269 som (about US$263), although a marked difference in income was observed: from 1,000 som (US$14.5) to 200,000 som (US$2,882). The modal (most popular) amount reported was 12,000 som (US$173); it was the amount people living with HIV often pointed out when asked about the monthly income of their household.

LIFE WITH HIV AND KEY VULNERABLE POPULATIONS

Years of living with HIV

In Kyrgyzstan, every third respondent had lived with HIV for 1–4 years (31.6%) or 5–9 years (30.6%). Almost every tenth case (10.1%) HIV was diagnosed no earlier than a year before and in 10.8% of cases – more than 10 years before.

People who live with HIV and inject drugs had a greater proportion of those who lived with HIV for a long time, whereas PLHIV who do not inject drugs had a greater share of recent infections ($\chi^2 \leq 0{,}001$; see Annex).

Vulnerable Populations

29.3% of interviewed PLHIV did not belong (and never belonged) to groups particularly vulnerable to HIV. Almost half (41.9%) were belonging (or previously belonged) to the group of injecting drug users, and almost one in six (17.3%) served a sentence in prison, while one in ten identified themselves as gays or lesbians (11.3%).

Women living with HIV had a greater and statistically significant share of those who never belonged to any of the most vulnerable to HIV groups (tenfold difference; $\chi^2 \leq 0.001$), neither involved in sex work ($\chi^2 \leq 0.001$) nor being internally displaced ($\chi^2 \leq 0.05$). Men living with HIV featured statistically significant increase in proportion of men who have sex with men (χ^2; ≤ 0.001) and injecting drug users (three times more; $\chi^2 \leq 0.001$), as well as persons with the history of incarceration ($\chi^2 \leq 0.001$).

There was a statistically significant increase in the share of homosexuals ($\chi^2 \leq 0{,}001$; see Annex) and members of the indigenous communities ($\chi^2 \leq 0{,}01$) among people who live with HIV and do not inject drugs. People who live with HIV and inject drugs featured a statistically significant difference in the number of those with the history of incarceration (four times; $\chi^2 \leq 0.001$).

FEAR RELATED TO HIV-STATUS

In the previous 12 months two in three people living with HIV were afraid of being gossiped about because of their HIV status (65.3%)

One in two people living with HIV was afraid of sexual rejection (44.0%) People living with HIV aged 20–30 and especially those aged 30–49 statically more often had that fear ($\chi^2 \leq 0.05$).

Table 2.

Socio-demographic characteristics of people living with HIV in the Kyrgyz Republic.

Gender	%
Men	55,3
Women	44,7
Transgender people	0,0
Age	
aged 15–19	1,3
aged 20–24	2,7
aged 25–29	5,3
aged 30–39	48,0
aged 40–49	30,7
aged 50 and above	12,0
Education	
Do not have	0,0
Primary school	6,7
Secondary school	49,7
Technical college/university	43,6
Current employment	
Full-time job (salaried employees)	24,8
Part-time employment (salaried employees)	18,1
Full-time self-employed	5,4
Odd jobs/part-time work (self-employed)	20,1
Unemployed/do not work	31,5
Place of residence	
Rural areas	32,2
Small town or village	24,2
Big city	43,6
Family status	
Marriage and cohabitation	39,3
Marriage but living apart	4,0
In relationship but living apart	10,7
Single	20,0
Divorced	17,3
Widows/widowers	8,7

The duration of the relationships with the spouse/partner (for those who have relationships)	
0–1 year	18,4
1–4 years	31,6
5–9 years	30,6
10–14 years	9,2
longer than 15 years	10,2
Years of living with HIV	
0–1 year	10,1
1-4 years	36,2
5–9 years	43,0
10–14 years	10,1
longer than 15 years	0,7
Affiliation now (or previously) with most vulnerable to HIV groups	
Men who have sex with men	3,3
Gays and lesbians	11,3
Transgender people	0,0
Sex workers	0,7
People who inject drugs	41,9
Refugees or asylum-seekers	1,3
Internally displaced persons	2,7
Members of the indigenous communities	6,0
Migrant workers	2,0
Prisoners	17,3
Those who do/did not belong to any of the groups most vulnerable to HIV	29,3

One in three people living with HIV (40.7%) experienced the fear of being verbally affronted, harassed and/or threatened. More often the fear was felt by people who lived with HIV longer than a year but less than 10 years ($\chi^2 \leq 0.05$).

One in five feared harassment and threats (18.7%) or physical assault (18.7%). People living with HIV who inject drugs felt those fears statistically much more often ($\chi^2 \leq 0.01$ and $\chi^2 \leq 0.05$ correspondingly; see Annex).

No statistically significant differences in the manifestation of fears among women living with HIV, were observed (see Annex).

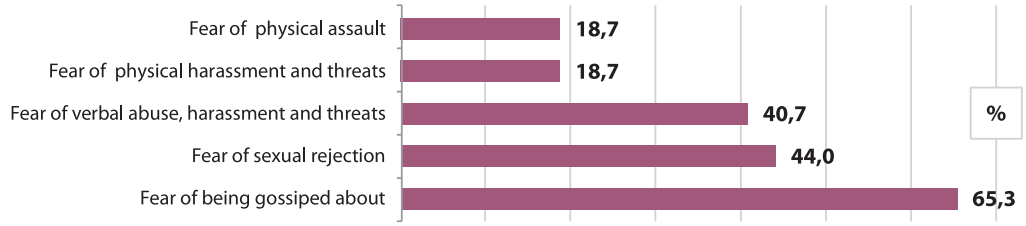


Figure 1.

Fears experienced in the previous 12 months by people living with HIV because of their HIV-positive status in Kyrgyzstan.

EXTERNAL STIGMA

Manifestations of stigma and discrimination created by other people

In the 12 months preceding the survey, the most frequent cases of stigma and discrimination against people living with HIV because of their positive HIV status from others were the following:

- verbal insulted, harassed, or threatened (67.8%),
- gossiped about (59.1%),
- physically assaulted (18.1%),
- psychologic pressure and manipulation by the partner (16.9%),
- discrimination against household members of persons living with HIV (15.4%),
- sexual rejection (15.1%),
- discrimination from other people living with HIV (10.8%).

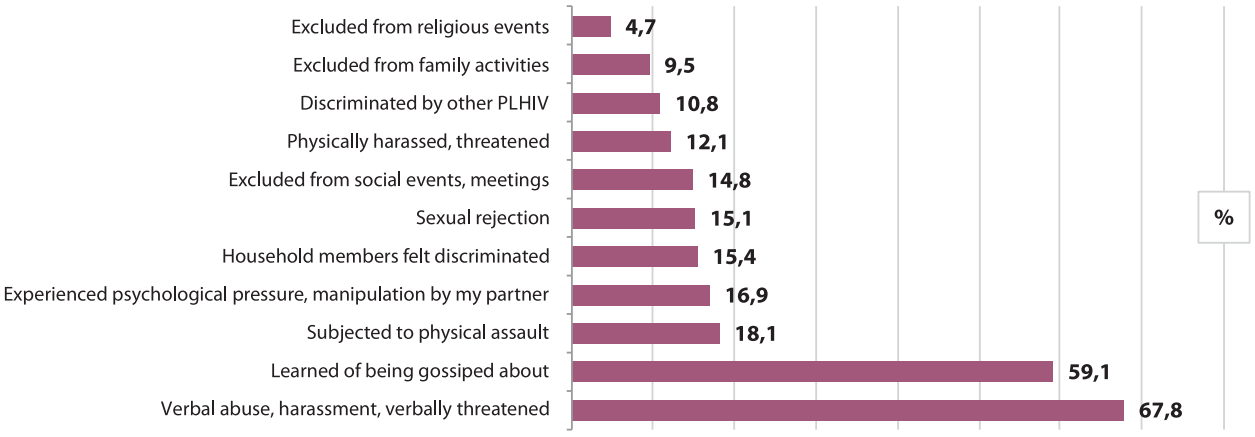


Figure 2.

Stigma and discrimination against people living with HIV from other people in the previous 12 months in Kyrgyzstan.

People living with HIV aged 30-39 and 15–18 faced insults and harassment more often ($\chi^2 \leq 0.05$).

People who lived with HIV not so long (from a few months up to 4 years) statically more often faced situations of being excluded from social events, meetings etc. ($\chi^2 \leq 0.001$), were gossiped about ($\chi^2 \leq 0.001$), verbally insulted ($\chi^2 \leq 0.001$), and harassed ($\chi^2 \leq 0.001$). They also faced physical assaults more often ($\chi^2 \leq 0.001$). For people who had lived with HIV from five to ten years those trends were less typical, and then they virtually trailed away.

No statistically significant differences in the manifestation of external stigma and discrimination among women living with HIV, were observed (see Annex).

As for people who live with HIV and inject drugs, the members of their households twice as likely faced stigma and discrimination ($\chi^2 \leq 0.05$; see Annex).

Causes of external stigma and discrimination

People living with HIV in Kyrgyzstan reported among the main causes of stigma and discrimination created by other people, the following reasons: the belief that having HIV is disgraceful (19.3%), people don't understand how HIV is transmitted (19.3%), people are afraid of getting HIV from me through casual contact (16.7%), people disapprove of my lifestyle or behaviour (16.0%; usually for men living with HIV, $\chi^2 \leq 0.05$). In a few cases, religious beliefs or "moral" judgements were identified (4.0%; more often regarding people those experiences of living with HIV was short, $\chi^2 \leq 0.01$), along with the presence of HIV-associated symptoms (1.3 %).

The respondents identified additional factors increasing HIV-related stigma and discrimination; they are: injection drug use (34.9%), sexual orientation (16.9%), as well as the sex work (3.6%) and the history of serving a sentence in prison (2.4%). Some women living with HIV also indicated that other stigmatizing factors were "specific behavioural features" of their spouses (partners), and sometimes of their sons: injecting drug use, and the history of serving a sentence in prison.

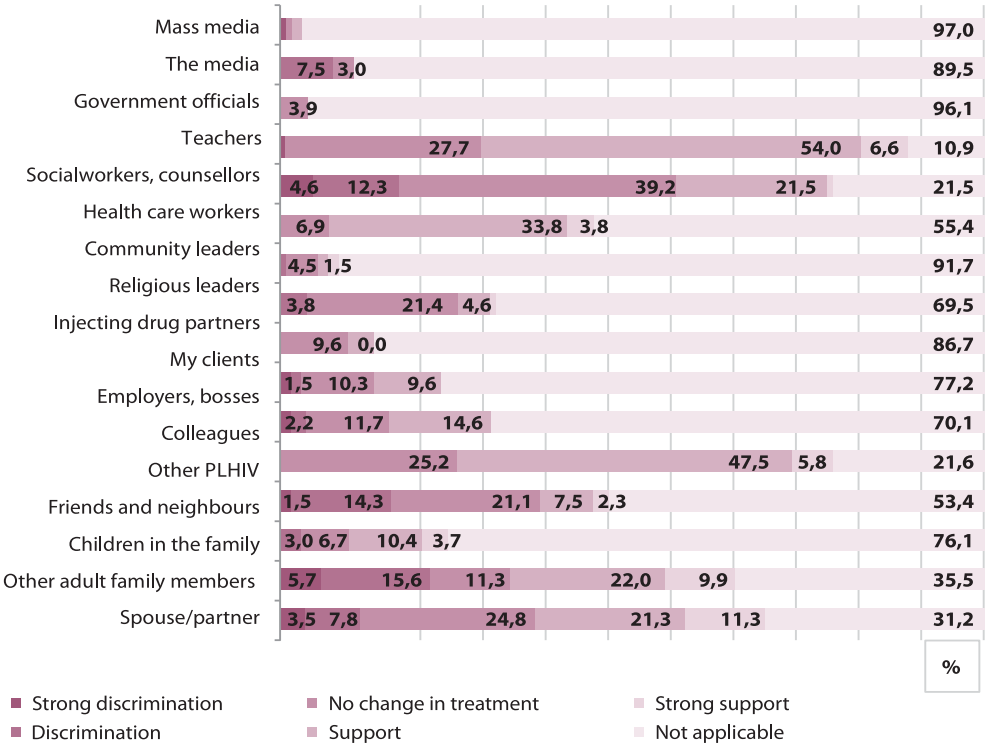


Figure 3.

Discrimination against and support of PLHIV in connection with HIV status disclosure in Kyrgyzstan.

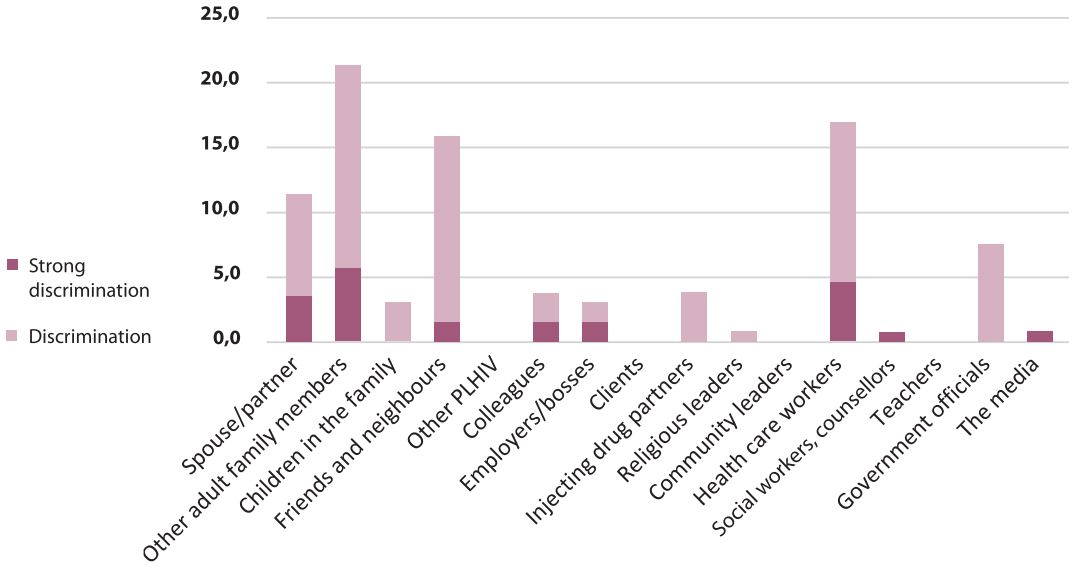


Figure 4.

Discrimination against PLHIV in connection with HIV status disclosure in Kyrgyzstan.

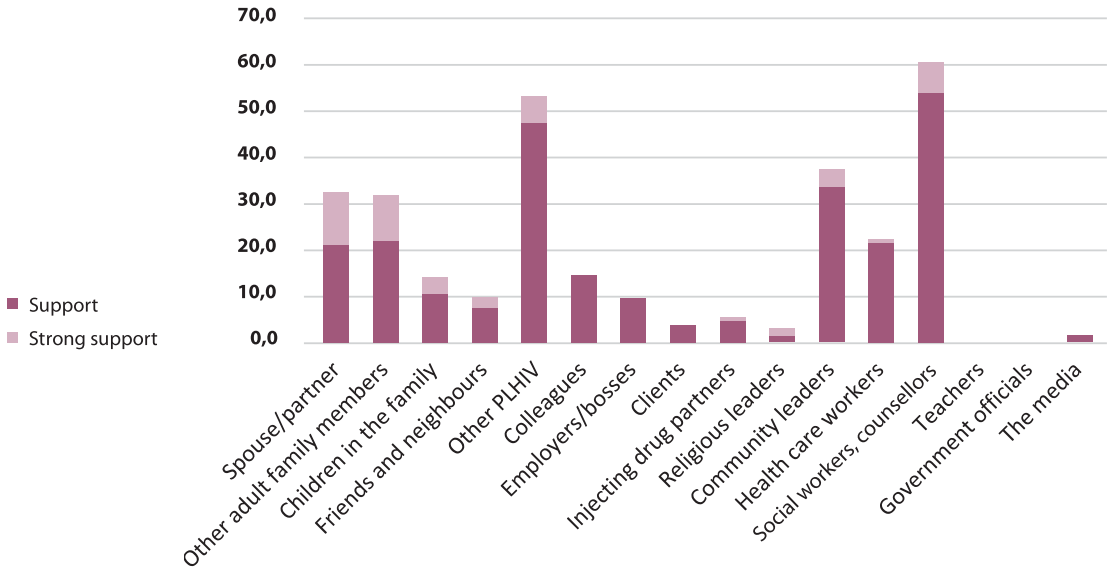


Figure 5.

Support of PLHIV in connection with HIV status disclosure in the Kyrgyz Republic.

Subjects of stigma and discrimination from other people

Most often people living with HIV in Kyrgyzstan faced discrimination from health care workers (severe discrimination was reported by 4.6% of respondents, signs of discrimination from 12.4% of respondents); civil servants (severe discrimination – 4.0%, signs of discrimination – 12.3%), as well as by their immediate surroundings:

- adult family members (severe discrimination reported by 5.7%, discrimination – 15.6%),
- friends and neighbours (severe discrimination – 1.5%, discrimination – 14.3%),
- spouse/partner (severe discrimination noted by 3.5% of respondents, discrimination from 7.8%).

Stigma and discrimination from organizations and agencies

In the previous 12 months, stigma and discrimination against people living with HIV in the Kyrgyz Republic primarily resulted, on the part of organizations and agencies, in the loss of employment or another source of income; (35.7%). No statistically significant differences in PLHIV subgroups regarding this indicator was identified (see Annex).

Another manifestation of discrimination often faced by people living with HIV was a forced change of residence or difficulties in rental housing (27.2%). People who live with HIV and inject drugs faced those situations statistically much more often (twofold, $\chi^2 \leq 0.05$; see Annex).

People living with HIV indicated the denial of employment and the opportunity to work (9.3%), as well as the denial of medical care, including dental care (9.1%) (see Figure 6). No statistically significant differences in PLHIV subgroups regarding this indicator was identified (see Annex).

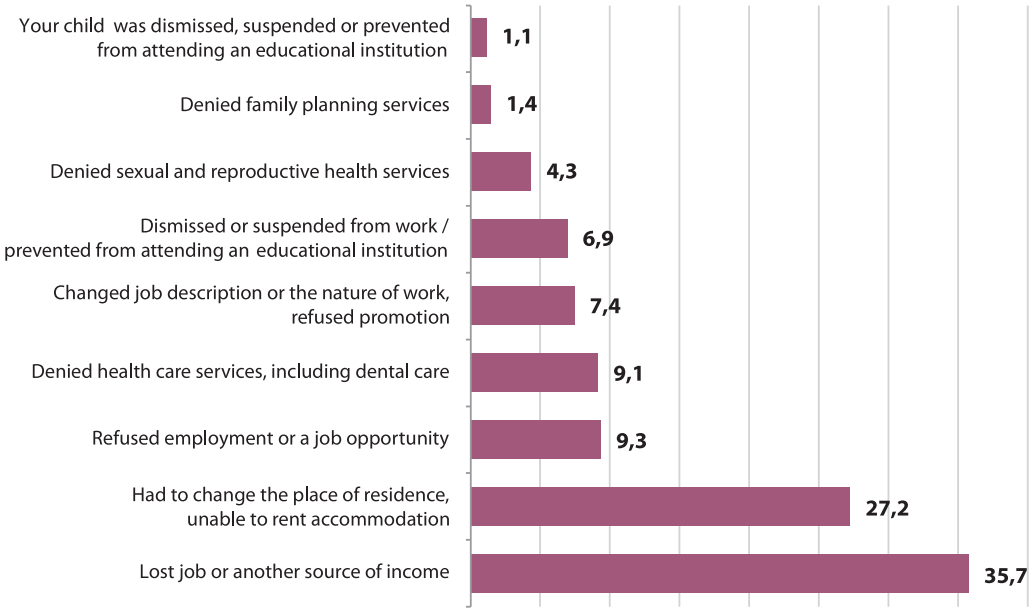


Figure 6.

Stigma and discrimination against people living with HIV on the part of organizations and agencies in the previous 12 months in the Kyrgyz Republic.

There were marked differences in the manifestations of stigma and discrimination for people living with HIV by age subgroups. Thus, people living with HIV aged 30–39 were more likely to face such forms of discrimination as dismissal/suspension from work or expulsion from educational institutions ($\chi^2 \leq 0.01$), denial of health care ($\chi^2 \leq 0.05$) and family planning services ($\chi^2 \leq 0.01$).

In addition, people who lived with HIV from 1 to 10 years were more likely to experience such kinds of discrimination as the forced change of residence or difficulties in renting accommodation ($\chi^2 \leq 0.01$), the loss of job or source of income ($\chi^2 \leq 0.001$), dismissal/suspension from work or expulsion from educational institutions ($\chi^2 \leq 0.05$).

Men living with HIV more frequently noted (and that was probably a manifestation of a cultural norm) that such forms of discrimination as a barrier to attend an educational institution or suspension from attending the school by their child ($\chi^2 \leq 0{,}001$) as well as denial of family planning services ($\chi^2 \leq 0{,}001$) had nothing to do with them.

RIGHTS VIOLATION DUE TO HIV STATUS

Extent and nature of rights violations

Overall, 13.3% of PLHIV in the Kyrgyz Republic reported that over the previous 12 months they faced situations that could be qualified as rights violation of people living with HIV. These violations, inter alia, included:

- forced disclosure of HIV status when applying for entry to another country – 4.7%,
- forced disclosure of HIV status when applying for a residence permit or citizenship – 4.7%,
- detention, quarantine, isolation or segregation from other people – 2.0%.

During the previous 12 months, every fourth person living with HIV in Kyrgyzstan (39.3%) had to accept medical procedures (including laboratory HIV tests). People living with HIV who do not inject drugs faced that type of violation two times more often ($\chi^2 \leq 0.001$; see Annex).

Furthermore, people living with HIV in Kyrgyzstan reported the following cases:

- disclosure of HIV status, by a health care professional (two cases) or media representative (one case),
- denial of hospitalization and/or treatment and medical procedures (one case),
- rights violation when applying for a job (four cases) or illegal dismissal (one case),
- refusal to grant a residence permit (one case).

No statistically significant differences in rights violations based on the positive HIV status were found for women living with HIV (see Annex).

Reproductive rights violations

Violations of reproductive rights of people living with HIV primarily concerned the following:

- denied counselling on reproductive health (55.6%, men significantly more often; $\chi^2 \leq 0.001$; see Annex)coercion by health workers related to newborn feeding practices (32.1%),
- coercion to terminate pregnancy (abortion) on the part of health care workers (20.0%),
- health professionals advising not to have a child (16.4%; five times more likely for women living with HIV; $\chi^2 \leq 0.001$; see Annex).

Less than half of women living with HIV (46.3%) received information on healthy pregnancy and motherhood as part of the program to prevent mother-to-child transmission of HIV.

It is important to emphasize that such manifestations of stigma as forced termination of pregnancy (abortion) or certain method of giving birth were statistically more frequently faced by people who live with HIV and inject drugs ($\chi^2 \leq 0.05$; see Annex).

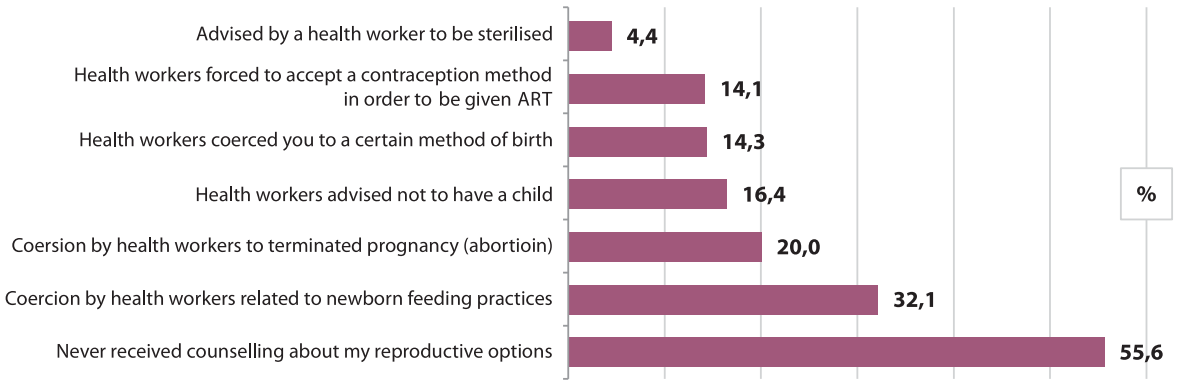


Figure 7.

Violations of Reproductive Health Rights of PLHIV in the Kyrgyz Republic.

SELF-STIGMA

Manifestations of Self-Stigma

One in two people living with HIV in Kyrgyzstan, blamed themselves for their HIV-positive status (44.2%) and felt guilty (53.5%) and ashamed (46.0%); one in three experienced a decline in self-esteem, and (31.0%) and blamed others (29.9%), every tenth felt that they should be punished (12.7%) and felt suicidal (14.0%).

Men living with HIV often felt guilty ($\chi^2 \leq 0.01$) and blame themselves ($\chi^2 \leq 0.001$), whereas women living with HIV accused others (almost four times more often; ($\chi^2 \leq 0.001$) and felt suicidal (twice as often; $\chi^2 \leq 0.05$; see Annex).

People who live with HIV and inject drugs were also more likely (compared to people living with HIV who do not have experience of injecting drug) to feel guilty ($\chi^2 \leq 0.001$) and blame themselves ($\chi^2 \leq 0.001$; see Annex).

People living with HIV aged 25-29 and 20-29 in particular often accused others ($\chi^2 \leq 0.05$).

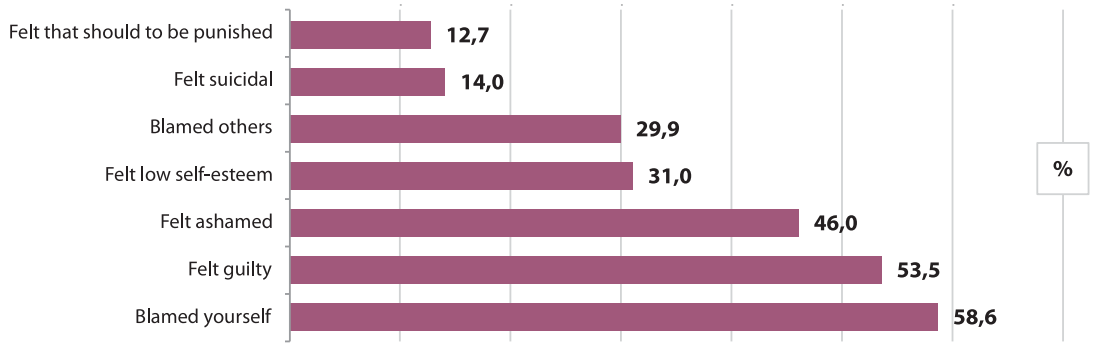


Figure 8.

Self-stigma of PLHIV in Kyrgyzstan.

Manifestations of self-discrimination

In Kyrgyzstan, self-discrimination of people living with HIV often resulted in the decision not to have (more) children – one in three persons living with HIV decided so (34.7%). One in four avoided visiting clinics (24.0%) and decided not to get married (24.0%), one in five (20.1%) avoided going to the hospital.

Less frequently self-discrimination resulted in the decision not to have sexual contacts (16.0%), get isolated from the family (15.3%), the decision not to apply for a job or promotion (13.3%).

Women living with HIV often decided not to have sex ($\chi^2 \leq 0.05$) and not to have (more) children ($\chi^2 \leq 0.05$), and avoid going to a local clinic ($\chi^2 \leq 0.05$; see Annex). Surprisingly people who living with HIV who do not have experience of injecting drugs, decided not to continue their education ($\chi^2 \leq 0{,}05$; see Annex).

CONFRONTING STIGMA AND DISCRIMINATION

One in five people living with HIV in the Kyrgyz Republic (23.3%) in the previous 12 months, confronted someone, challenged or educated someone who subjected him/her to stigmatization or discrimination (see Annex). People living with HIV who inject drugs did it 1.5 times more often ($\chi^2 \leq 0.05$; see Annex).

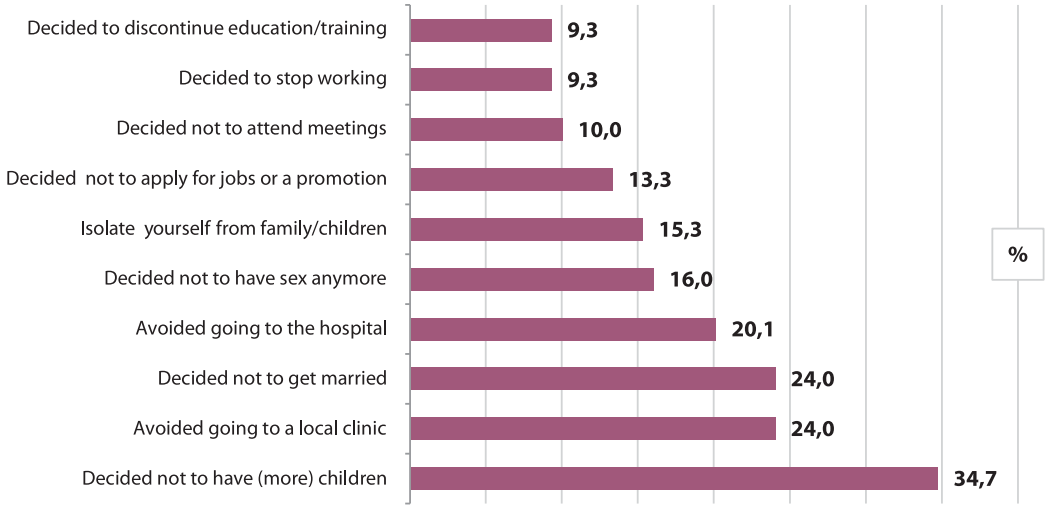


Figure 9.

Self-discrimination of PLHIV in the Kyrgyz Republic.

Support of family members and community

Immediate social surroundings, along with other people living with HIV, as well as social workers, community leaders and health care workers, are the ones who offer support to people living with HIV in Kyrgyzstan:

- spouse/partner (very supportive – 11.3%, supportive – 21.3%),
- other adult family members (very supportive – 9.9%, supportive – 22.0%),
- peers PLHIV (very supportive – 5.8%, supportive – 47.5%),
- community leaders (very supportive – 3.8%, supportive – 33.8%),
- health care workers (very supportive – 0.8%, supportive – 21.5%),
- social workers, counsellors (very supportive – 6.6%, supportive – 54.0%).

Support of organizations and groups

Two out of three people living with HIV in Kyrgyzstan were aware of organizations and groups, they could seek help from in case of stigmatization or discrimination: No statistically significant differences in these indicators for PLHIV subgroups were observed (see Annex).

One in three people living with HIV (33.3%) was aware of Network of People Living with HIV, one in four (26.0%) knew about groups of people living with HIV; every fifth knew about regional non-governmental organizations (20.7%).

Other services that could provide support to people living with HIV, were less familiar to respondents: human rights organizations were known to 10.0% of people living with HIV, international non-governmental organizations – 8.0%, legal redress was known to 6.7%. The United Nations family of organizations (2.7%), national AIDS councils or committees (2.7%), and religious organizations (0.7%) were even less known to people living with HIV.

Nearly one in five people living with HIV (21.3%) sought help to solve issues of stigma and discrimination in the previous 12 months (see Annex).

Only three people living with HIV among those who faced rights violations, tried to get legal assistance (see Annex). The main reasons for not applying for aid, as PLHIV indicated, were primarily a lack of faith in a positive outcome as well as the lack of financial resources to take action against an abuse.

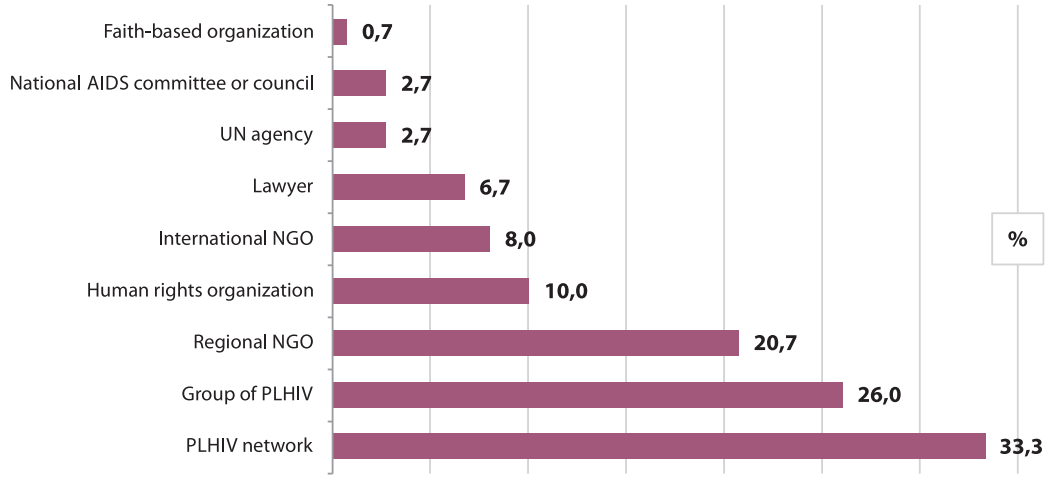


Figure 10.

Awareness of organizations providing support to people living with HIV in the Kyrgyz Republic.

Support of other PLHIV

Almost two in three persons living with HIV (61.3%) over the previous 12 months provided support to other people living with HIV. Most commonly (58.7%) it was emotional support, chiefly counselling and sharing. Less often the support included referral to other services (22.0%) or was material (18.7%). No statistically significant differences in these indicators for PLHIV subgroups were observed (see Annex).

One in three people living with HIV participated as a volunteer or employee in support programs and projects for people living with HIV (34.0%) or was a member of a support group or network of people living with HIV (33.3%). Among women living with HIV, the share of volunteers was significantly larger (twice as much; $\chi^2 \leq 0{,}05$; see Annex); such distribution was likely to be a consequence of selecting respondents for this study.

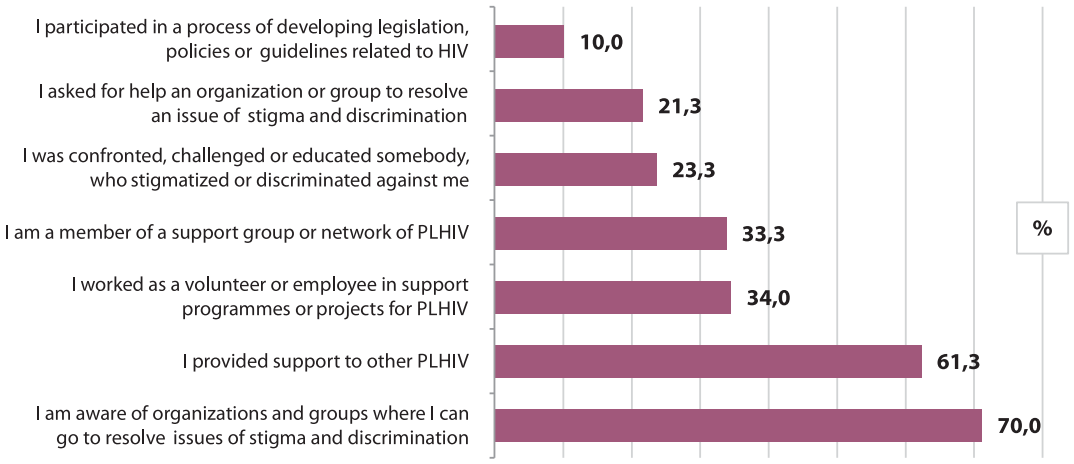


Figure 11.

Forms of countering stigma and discrimination of people living with HIV in the previous 12 months in Kyrgyzstan.

One in ten participated in any process of developing legislation, policies or guidelines related to HIV (10.0%).

Knowledge of basic instruments that protect the rights of people living with HIV

About one in three people living with HIV (39.5%) heard about the Declaration of Commitment on HIV/AIDS; slightly less people (37.8%) read or discussed its contents.

About one in two people living with HIV (46.2%) heard about a national document (law), which protects the rights of people living with HIV and read or discussed its contents.

No statistically significant differences in these indicators for PLHIV subgroups were observed (see Annex).

Personal influence assessment

People living with HIV in Kyrgyzstan believed that they have power to influence, first of all, on national programs or projects designed to benefit people living with HIV (20.7%), fewer people believed they could be useful for regional projects (17.3%) or could influence on legal or rights matters affecting people living with HIV (14.7%).

Only a few respondents living with HIV believed that they were in position to influence the policy of regional (3.3%) and national (2.0%) authorities, as well as international agreements or treaties (1.3%).

Measures to eradicate stigma and discrimination

In general, people living with HIV believed that stigma and discrimination of people living with HIV could be eliminated, first of all, by raising awareness about HIV/AIDS (39.3%), protecting the rights of people living with HIV (29.7%), and providing emotional and physical support (16.6%) to people living with HIV.

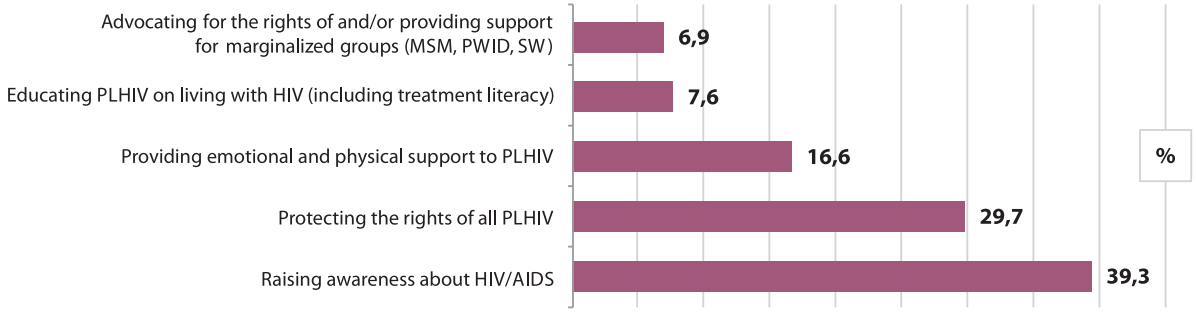


Figure 12.

Opinions about what needed to be done to eradicate stigma and discrimination against people living with HIV in Kyrgyzstan.

TESTING AND DISCLOSURE OF HIV STATUS

Reasons for HIV testing

One in three persons living with HIV (28.7%) noted that they took HIV testing for reasons other than specified in the list, while one on four (24.7%) stated "I just wanted to know." Less common reasons were as follows:

- pregnancy related examination – 12.8%,
- referred due to suspected HIV-related symptoms (e.g. tuberculosis) – 12.0%,
- spouse/partner/family member tested HIV-positive – 12.0%,

- referred by a clinic for sexually transmitted infections – 8.7%,
- work-related check-up – 4.7%,
- wife/husband/partner/family member got sick or died – 2.7%,
- preparation for a marriage/sexual relationship – 1.3%.

Women living with HIV were much more often referred in connection with the HIV diagnosis of their spouse or sexual partner or a family member (ten times more often, $\chi^2 \leq 0{,}001$; see Annex). People living with HIV who do not inject drugs were often referred to HIV test due to pregnancy ($\chi^2 \leq 0.001$) or because their sexual partner had been diagnoses with HIV ($\chi^2 \leq 0.05$, see Annex).

Self-initiated and voluntary HIV testing

One in two persons living with HIV in Kyrgyzstan (46.9%) decided to take the test independently and voluntary; one in ten did it independently, but one in four (25.2%) admitted that they decided to take the test, but under pressure from others; almost one in five (17.7%) did it under coercion (8.4%). One in ten (10.2%) were tested without the respondent's knowledge, learning about the results after the test had been done.

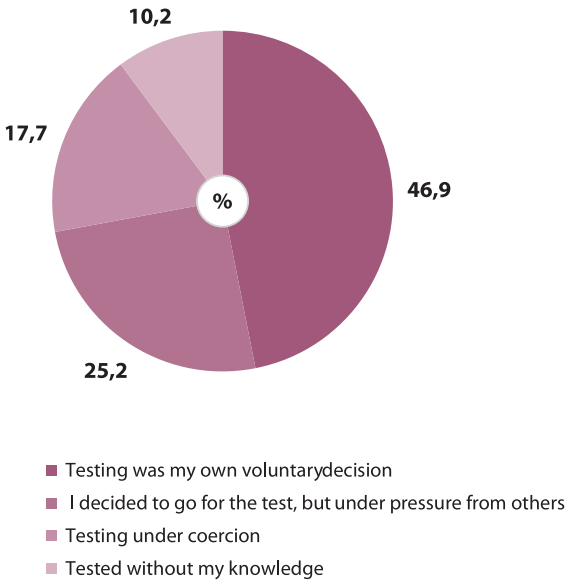


Figure 13.

Rate of voluntary HIV testing in the Kyrgyz Republic.

It should be noted that testing under pressure of others was more characteristic of women living with HIV and people living with HIV who do not have inject drugs ($\chi^2 \leq 0.01$; see Annex). People who live with HIV and inject drugs statistically more frequently tested for HIV under coercion or without their knowledge ($\chi^2 \leq 0.01$; see Annex).

Pre- and post-test counselling

One in six people living with HIV in Kyrgyzstan (16.9%) did not receive any pre- or post-test counselling, when they were diagnosed with HIV infection. Every third (37.2%) only received post-test counselling, slightly more (41.9%) received both pre- and post-test counselling.

People who live with HIV and inject drugs reported statistically more cases of not receiving any counselling when having an HIV test ($\chi^2 \leq 0.05$; see Annex).

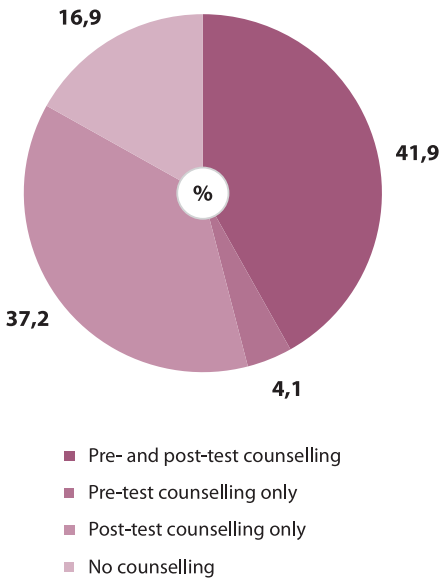


Figure 14.

Pre- and post-test counselling when tested for HIV-infection in Kyrgyzstan.

DISCLOSURE OF HIV STATUS AND CONFIDENTIALITY

Self-disclosure of status by people living with HIV

The vast majority of people living with HIV in Kyrgyzstan disclosed themselves their HIV status to their close relatives (spouses or partners, adult members of the family), other people living with HIV and care staff members (social workers, counsellors, health care professionals). In general, the ranked list of various groups to whom people living with HIV disclosed their HIV status, is as follows:

- spouse or sexual partner – 56.7%
- social workers or counsellors – 48.7%
- other people living with HIV – 47.3%,
- adult family members (except for a spouse or partner) – 38.0%
- health care workers – 30.0%
- community leaders – 26.7%
- friends or neighbours – 24.0%
- colleagues at work – 21.3%
- injecting drug partners – 18.0%
- employers, bosses – 15.3%
- children from their families – 14.7%
- their clients – 10.0%
- government officials – 1.3%
- the media – 2.7%
- religious leaders – 0.7%.

Most often, people living with HIV did not disclose their HIV status to friends and neighbours, colleagues, employers or bosses, nor the children in their families. In general, the ranked list of various groups whom people living with HIV did not disclose the HIV status (neither people living with HIV themselves nor anyone else) was as follows:

- friends and neighbours – 42.7%
- children in their families – 37.3%
- employers, bosses – 35.3%
- colleagues – 32.7%
- adult family members (except for a spouse or partner) – 30.7%
- their clients – 30.0%
- religious leaders – 18.0%
- other people living with HIV – 12.0%
- health care workers – 11.3%
- spouse or sexual partner – 10.0%
- community leaders – 10.0%
- government officials – 9.3%
- the media – 9.3%
- teachers – 9.3%
- injecting drug partners – 8.0%
- social workers or counsellors – 4.0%.

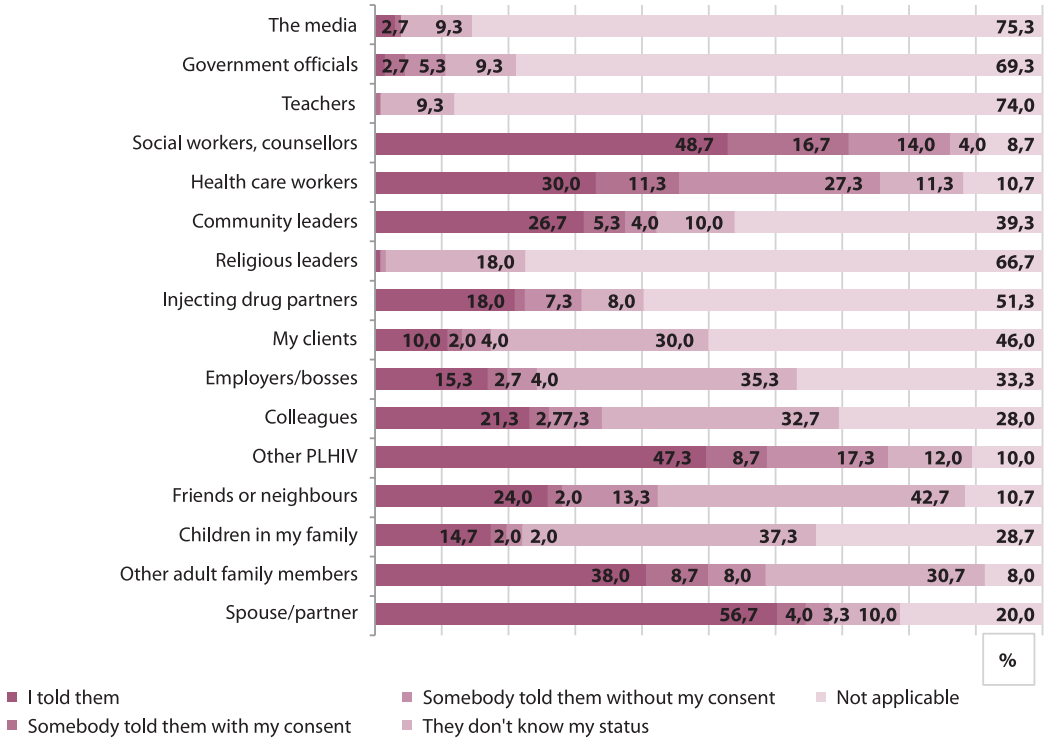


Figure 15.

Whom people living with HIV in Kyrgyzstan disclosed their HIV status.

Disclosure without consent of PLHIV

Groups of people to whom someone disclosed status of a person living with HIV without his/her consent are as follows:

- health care workers – 27.3%
- other people living with HIV – 17.3%
- social workers or counsellors – 14.0%
- friends or neighbours – 13.3%
- adult family members (except for a spouse or partner) – 8.0%
- colleagues – 7.3%
- injecting drug partners – 7.3%
- government officials – 5.3%
- employers, bosses – 4.0%
- their clients – 4.0%
- community leaders – 4.0%
- spouse or sexual partner – 3.3%
- children in their families – 2.0%
- religious leaders – 0.7%.

Disclosure in health care institutions

One in three persons living with HIV (31.3%) indicated that they faced disclosure of their HIV status by health care personnel, almost the same share of respondents (32.7%) had doubts whether disclosure took place or not. However, 36.1% of people living with HIV were confident that no disclosure of HIV status happened.

No significant differences in subgroups of people living with HIV regarding the indicators were identified (see Annex).

Overall, one in three individuals living with HIV (33.3%) believed that medical records containing information about his/her HIV status was not confidential; almost one in two (44.9%) had difficulty answering the question.

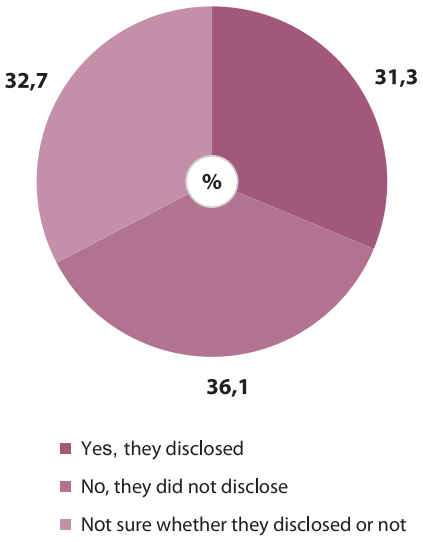


Figure 16.

Disclosure of HIV status by health care workers in Kyrgyzstan.

Pressure related to status disclosure

Pressure on people living with HIV, to induce them to disclose their HIV status, was not strong and occurred both on part of people with negative HIV status, and people living with HIV. Still the pressure by people with HIV-negative HIV status, was normally occasional: 6.2% of respondents once experienced such pressure, compared to 3.4% of those who felt the pressure by people living with HIV. Women living with HIV faced such pressure statistically more often ($\chi^2 \leq 0.05$; see Annex).

4.1% of respondents experienced such pressure several times from people living with HIV (against 2.8% of those respondents who faced it from HIV-negative people). Such kind of pressure was noted statistically more often by women living with HIV ($\chi^2 \leq 0.01$), and people who live with HIV and inject drugs ($\chi^2 \leq 0.05$; Appendix).

One in two persons living with HIV in Kyrgyzstan (52.1%) believed that disclosure of HIV status was helpful or a right decision (especially people who live with HIV and inject drugs, $\chi^2 \leq 0.01$; see Annex), while one in three (33.3%) stated that it did not become an empowering experience.

HEALTH AND TREATMENT OF PEOPLE LIVING WITH HIV

The majority of people living with HIV in the Kyrgyz Republic considered their health status as good (30.2%) or fair (42.3%); others believed their health was very good (5.4%) or excellent (5.4%). One in five people living with HIV 4.0% rated their health as poor.

One in five people living with HIV in the Kyrgyz Republic (22.7%) indicated that he/she had physical disability. Typically, they noted HIV-related diseases (tuberculosis, cirrhosis, hepatitis B and C), as well as musculoskeletal system diseases.

Two out of three people living with HIV (78.7%) were receiving antiretroviral treatment, while 90.5% of respondents by their own evaluation had access to it. One in three people living with HIV (36.0%) received treatment of opportunistic diseases, and one in two (55.5%), according to their own evaluation, had access to it.

Among pregnant women living with HIV, 37.0% received antiretroviral treatment during pregnancy.

During the previous 12 months, one in three persons living with HIV (32.0%) reported constructive discussions with health professionals about options of HIV treatment; a lesser share (32.0%) discussed other health issues (such as sexual and reproductive health), emotional well-being, addictive behaviour and etc. People living with HIV and injecting drugs were less likely to report a meaningful discussion about their treatment with a health care professional ($\chi^2 \leq 0.05$; see Annex).

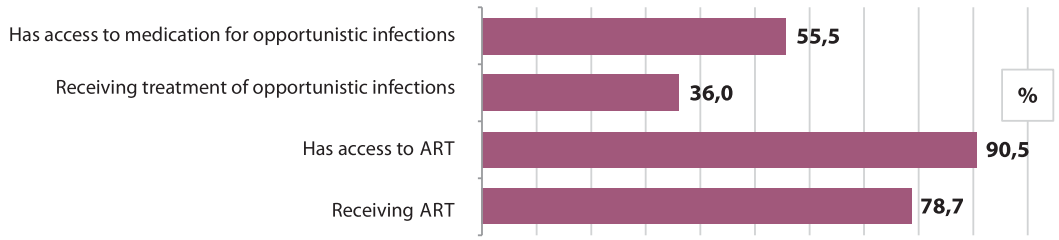


Figure 17.

Access to antiretroviral therapy and treatment of opportunistic diseases for people living with HIV in the Kyrgyz Republic.

CONCLUSION

A typical person living with HIV in the Kyrgyz Republic is a man or less often a woman of working age (30-49 years) with secondary or vocational or higher education. He/she lives in a big city or a rural area, does not work or works at odd jobs and/or part-time. One in two is officially married or has a living-apart relationship (the duration of which varies as a rule from one to nine years). Two out of three have children. The average monthly income of the person's family is about 12,000 som (US$173) or slightly more. He/she has been living with HIV longer than one year, but no longer than 10 years. One in two people living with HIV has a history of injection drug use. Two in three people living with HIV are on antiretroviral treatment.

One in three people living with HIV in Kyrgyzstan has experienced fears of being gossiped about, as well as fears of sexual rejection, verbal abuse and harassment (the most common fears). However, in reality, one in seven people living with HIV have faced psychologic pressure by their partners, sexual rejection, as well as discrimination against family members. Furthermore, people living with HIV for less than 4 years experienced full scope of manifestations of stigma and discrimination. The history of injection drug use, along with sexual orientation, are factors that reinforce HIV-related stigma.

Most often, people living with HIV faced discrimination from health care workers and the immediate surroundings: adult family members, neighbours and friends. Moreover, the instances of discrimination are most frequent in the first ten years of life with HIV.

One in three people living with HIV in the Kyrgyz Republic faced the disclosure of their HIV status at a health facility, and was forced to agree to a variety of medical procedures (including laboratory tests for HIV). One in two people living with HIV have not been counselled on their reproductive options.

Self-stigma of people living with HIV is primarily manifested in the feelings of guilt and shame. One in ten people living with HIV have had suicidal thoughts. The main form of self-discrimination of people living with HIV results in the decision not to have (more) children (marked by every third PLHIV) along with the decision not to go to a local clinic and not to get married (one in three people living with HIV).

Immediate social surroundings, along with other people living with HIV, as well as social workers, community leaders and health care workers, are the ones who offer support to people living with HIV in Kyrgyzstan: These groups are those to whom people living with HIV primarily disclose their HIV-positive status.

In Kyrgyzstan two out of three people living with HIV were aware of organizations and groups, they could seek help from in case of stigmatization or discrimination: they mostly are groups and networks of people living with HIV, as well as local NGOs. The same number of individuals living with HIV provided support to other people living with HIV (often emotional support included counselling, sharing experience of life with HIV). One in three people living with HIV is a member of a support group or a network of people living with HIV.

In the course of the programmes aimed at reducing the stigma of PLHIV in the Republic of Kyrgyzstan, strong emphasis shall be placed on addressing stigma and discrimination from partners and social surroundings of people living with HIV, as well as discrimination against members of their families. It is obvious that in order to reduce these negative occurrences, local communities (especially in rural areas) have a special role to play in promoting HIV awareness.

People living with HIV for less than four years is the group in need of special attention and support. Another population of concern are people living with HIV and featuring other attributes associated with stigma and discrimination, such as injection drug use in the past or current one, and unconventional gender identity.

Another focus of support for people living with HIV in the Kyrgyz Republic should be a correction of the manifestations of self-stigma and self-discrimination (especially self-limitation in access to health services), subject to gender and cultural differences.

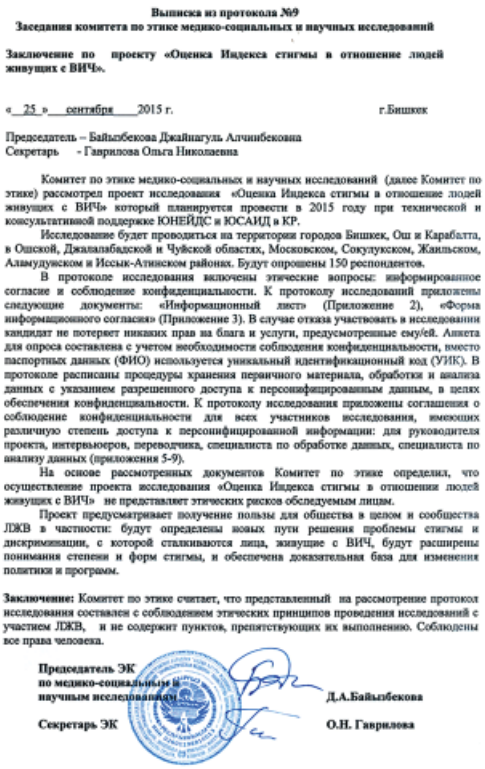
MAIN RECOMMENDATIONS

The findings of the Stigma Index allowed us to formulate several recommendations for those who will implement programmes to counter stigma and discrimination:

1. Develop a national strategy for the eradication of stigma and discrimination among the general population, decision makers and medical personnel. The strategy shall include an action plan and a budget considering types of interventions, international best practices, the development and implementation of the relevant policies/guidelines, etc.

2. Emphasize the principle of involvement of communities of people living with HIV in planning, implementation and monitoring of strategies and interventions to eliminate stigma and discrimination, as well as to ensure universal access to comprehensive HIV diagnostic, prevention, treatment, care and support services.

3. Measures to eliminate stigma and discrimination should be included as specific activities into grant applications.



Выписка из протокола №9
Заседания комитета по этике медико-социальных и научных исследований

Заключение по проекту «Оценка Индекса стигмы в отношение людей живущих с ВИЧ».

«25» сентября 2015 г. г.Бишкек

Председатель – Байызбекова Джайнагуль Алчинбековна
Секретарь - Гаврилова Ольга Николаевна

Комитет по этике медико-социальных и научных исследований (далее Комитет по этике) рассмотрел проект исследования «Оценка Индекса стигмы в отношение людей живущих с ВИЧ» который планируется провести в 2015 году при технической и консультативной поддержке ЮНЭЙДС и ЮСАИД в КР.

Исследование будет проводиться на территории городов Бишкек, Ош и Карабалта, в Ошской, Джалалабадской и Чуйской областях, Московском, Сокулукском, Жайльском, Аламудунском и Иссык-Атинском районах. Будут опрошены 150 респондентов.

В протоколе исследования включены этические вопросы: информированное согласие и соблюдение конфиденциальности. К протоколу исследований приложены следующие документы: «Информационный лист» (Приложение 2), «Форма информационного согласия» (Приложение 3). В случае отказа участвовать в исследовании кандидат не потеряет никаких прав на блага и услуги, предусмотренные ему/ей. Анкета для опроса составлена с учетом необходимости соблюдения конфиденциальности, вместо паспортных данных (ФИО) используется уникальный идентификационный код (УИК). В протоколе расписаны процедуры хранения первичного материала, обработки и анализа данных с указанием разрешенного доступа к персонифицированным данным, в целях обеспечения конфиденциальности. К протоколу исследования приложены соглашения о соблюдение конфиденциальности для всех участников исследования, имеющих различную степень доступа к персонифицированной информации: для руководителя проекта, интервьюеров, переводчика, специалиста по обработке данных, специалиста по анализу данных (приложения 5-9).

На основе рассмотренных документов Комитет по этике определил, что осуществление проекта исследования «Оценка Индекса стигмы в отношении людей живущих с ВИЧ» не представляет этических рисков обследуемым лицам.

Проект предусматривает получение пользы для общества в целом и сообщества ЛЖВ в частности: будут определены новых пути решения проблемы стигмы и дискриминации, с которой сталкиваются лица, живущие с ВИЧ, будут расширены понимания степени и форм стигмы, и обеспечена доказательная база для изменения политики и программ.

Заключение: Комитет по этике считает, что представленный на рассмотрение протокол исследования составлен с соблюдением этических принципов проведения исследований с участием ЛЖВ, и не содержит пунктов, препятствующих их выполнению. Соблюдены все права человека.

Председатель ЭК по медико-социальным и научным исследованиям **Д.А.Байызбекова**

Секретарь ЭК **О.Н. Гаврилова**

Abstract of Minutes No. 9

Medical and Social Research Ethics Committee meeting

The statement of considerations on the project «People Living with HIV Stigma Index»

September 25, 2015. Bishkek

Chairman – Dzhaynagul Baiyzbekova

Secretary – Olga Gavrilova

The Medical and Social Research Ethics Committee of (hereinafter referred to the Ethics Committee) reviewed the research project «People Living with HIV Stigma Index» with technical and advisory support from UNAIDS and USAID, scheduled in the Kyrgyz Republic for 2015.

The study will be conducted in the cities of Bishkek, Osh and Kara-Balta, Osh, Jalalabad, in the Chui oblasts, as well as the Moskovskiy, Sokuluk, Jayil, Alamudun and Issyk-Ata districts. 150 respondents are interviewed.

The study protocol takes into consideration ethical principles: it includes the informed consent form and addresses confidentiality issues.

The following documents were attached to the research protocol: «Information Sheet» (Attachment 2), and the Informed Consent Form (Attachment 3). In case a candidate participant refuses to participate in the study, the person will not lose any rights to get benefits and services intended for him/her. The questionnaire used in the Survey takes into account the issues of confidentiality. A unique identification code (UIC) will be used instead of passport data (name) of the respondents. The protocol specifies the procedure of storage, processing and analysis of raw data, permissions to access personalized information in order to ensure confidentiality.

Other attachments of the Study Protocol include Confidentiality Agreements for all of the Study participants with varying degrees of access to personalized information: for the project manager, interviewers, the interpreter, the data processing specialist, and the data analyst (Attachments 5–9).

Based on the reviewed documents, the Ethics Committee has determined that the implementation of the research project «People Living with HIV Stigma Index» entails no ethical risks for persons to survey.

Chair of the Medical and Social Research Ethics Committee
D.A. Baiyzbekova

Secretary of the Ethics Committee
O.N. Gavrilova

ANNEX. SOCIO-DEMOGRAPHIC CHARACTERISTICS AND STIGMA AND DISCRIMINATION INDICATORS IN DIFFERENT SUBGROUPS OF PLHIV IN THE KYRGYZ REPUBLIC

	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		χ^2	PWID		non-PWID		χ^2
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
SOCIO-DEMOGRAPHIC CHARACTERISTICS												
Gender												
Men	83	55.3	-	-	83	100.0	-	50	80.6	12	19.4	≤0,001
Women	67	44.7	67	100.0	-	-		33	38.4	53	61.6	
Transgender people	0.0	0.0	-	-	-	-		-	-	-	-	
Age												
15-19 years	2	1.3	1	1.5	1	1.2	no data	0	0.0	2	2.3	no data
20-24 years	4	2.7	2	3.0	2	2.4		0	0.0	4	4.7	
25-29 years	8	5.3	4	6.0	4	4.8		0	0.0	7	8.1	
30-39 years	72	48.0	33	49.3	39	47.0		33	53.2	38	44.2	
40-49 years	46	30.7	20	29.9	26	31.3		21	33.9	25	29.1	
aged 50 and above	18	12.0	7	10.4	11	13.3		8	12.9	10	11.6	
Place of residence												
Rural areas	48	32.2	21	31.3	27	32.9	no data	19	30.6	29	34.1	no data
Small town or village	36	24.2	20	29.9	16	19.5		13	21.0	22	25.9	
Big city	65	43.6	26	38.8	39	47.6		30	48.4	34	40.0	
Current marital status												
Marriage and cohabitation	59	39.3	33	49.3	26	31.3	≤0,001	23	37.1	34	39.5	no data
Marriage but living apart	6	4.0	3	4.5	3	3.6		2	3.2	4	4.7	
In relationship but living apart _	16	10.7	6	9.0	10	12.0		9	14.5	7	8.1	
Single	30	20.0	7	10.4	23	27.7		11	17.7	19	22.1	
Divorced	26	17.3	7	10.4	19	22.9		15	24.2	11	12.8	
Widows/widowers	13	8.7	11	16.4	2	2.4		2	3.2	11	12.8	
The duration of the relationships with the spouse/partner (for those who have relationships)												
0–1 year	18	18.4	9	18.4	9	18.4	no data	8	21.6	10	16.9	no data
1-4 years	31	31.6	14	28.6	17	34.7		8	21.6	22	37.3	
5-9 years	30	30.6	17	34.7	13	26.5		13	35.1	17	28.8	
10-14 years	9	9.2	4	8.2	5	10.2		3	8.1	5	8.5	
longer than 15 years	10	10.2	5	10.2	5	10.2		5	13.5	5	8.5	
Sexually active	110	73.3	44	65.7	66	79.5	≤0.05	46	74.2	63	73.3	no data

KYRGYZSTAN

Annex

	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		χ^2	PWID		non-PWID		χ^2
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
SOCIO-DEMOGRAPHIC CHARACTERISTICS												
Education												
Do not have	0	0.0	0	0.0	0	0.0		0	0.0	0	0.0	
Primary school	10	6.7	3	4.5	7	8.4	no data	3	4.8	7	8.1	no data
Secondary school	74	49.7	37	56.1	37	44.6		33	53.2	41	47.7	
Technical college/university	65	43.6	26	39.4	39	47.0		26	41.9	38	44.2	
Current employment												
Full-time job (salaried employees)	37	24.8	17	25.8	20	24.1	no data	11	17.7	26	30.2	no data
Part-time employment (salaried employees)	27	18.1	10	15.2	17	20.5	no data	14	22.6	13	15.1	no data
Full-time self-employed	8	5.4	4	6.1	4	4.8	no data	3	4.8	5	5.8	no data
Odd jobs/part-time work (self-employed)	30	20.1	12	18.2	18	21.7	no data	15	24.2	14	16.3	no data
Unemployed/do not work	47	31.5	23	34.8	24	28.9	no data	19	30.6	28	32.6	no data
Years living with HIV												
0–1 year	15	10.1	6	9.0	9	11.0		4	6.6	11	12.8	
1-4 years	54	36.2	25	37.3	29	35.4		12	19.7	41	47.7	
5-9 years	64	43.0	31	46.3	33	40.2	no data	32	52.5	31	36.0	≤0,001
10-14 years	15	10.1	5	7.5	10	12.2		12	19.7	3	3.5	
longer than 15 years	1	0.7	0	0.0	1	1.2		1	1.6	0	0.0	
Affiliation now (or previously) with most vulnerable to HIV groups												
Men who have sex with men	5	3.3	–	–	4	4.8	no data	0	0.0	5	5.8	no data
Gays and lesbians	17	11.3	1	1.5	16	19.3	≤0.001	0	0.0	17	19.8	≤0.001
Transgender people	0	0.0	–	–	–	–	–	–	–	–	–	–
Sex workers	1	0.7	1	1.5	0	0.0	no data	1	1.6	0	0.0	no data
People who inject drugs	62	41.9	12	18.5	50	60.2	≤0.001	62	100.0	–	–	–
Refugees or asylum-seekers	2	1.3	1	1.5	1	1.2	no data	1	1.6	1	1.2	no data
Internally displaced persons	4	2.7	3	4.6	1	1.2	no data	0	0.0	4	4.7	no data
Members of the indigenous communities	9	6.0	7	10.8	2	2.4	≤0.05	0	0.0	9	10.5	≤0.01
Migrant workers	3	2.0	1	1.5	2	2.4	no data	2	3.2	1	1.2	no data
Prisoners	26	17.3	1	1.5	25	30.1	≤0.001	20	32.3	6	7.0	≤0.001
Those who do/did not belong to any of the groups most vulnerable to HIV	44	29.3	39	60.0	5	6.0	≤0.001	0	0.0	44	51.2	≤0.001

Annex

	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		χ^2	PWID		non-PWID		χ^2
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
FEARS RELATED TO HIV-STATUS												
Fear of becoming the subject of gossip	98	65.3	45	69.2	53	64.6	no data	45	73.8	53	62.4	no data
Fear of verbal abuse, harassment or threats	61	40.7	29	46.8	32	41.6	no data	27	46.6	34	42.5	no data
Fear of harassment, threats of physical abuse	28	18.7	10	16.4	18	23.4	no data	19	32.8	9	11.4	≤0.01
Fear of physical assault	28	18.7	10	15.9	18	23.4	no data	17	29.3	11	13.6	≤0.05
Fear of sexual rejection	66	44.0	25	39.1	41	50.0	no data	28	45.9	38	45.2	no data
EXTERNAL STIGMA AND DISCRIMINATION												
External stigma by others (at least once in the last 12 months)												
Learned gossips about themselves	88	59.1	35	53.0	53	63.9	no data	41	66.1	47	54.7	no data
Subjected to verbal abuse, harassment, and threats	48	67.8	17	25.8	31	37.3	no data	21	33.9	48	32.1	no data
Not allowed to participate in family affairs (cooking, sharing a meal, sleeping in the same room)	14	9.5	5	7.6	6	11.0	no data	6	9.4	8	9.4	no data
Not allowed to participate in meetings or community events (weddings, funerals, parties, going to clubs)	22	14.8	9	13.6	13	15.7	no data	12	19.4	10	11.6	no data
Not allowed to participate in religious activities, visiting places of worship	7	4.7	3	4.5	4	4.9	no data	4	6.6	3	3.5	no data
Faced physical harassment, threat of assault	18	12.1	5	7.6	13	15.7	no data	10	16.1	8	9.3	no data
Subjected to physical abuse	27	18.1	10	15.2	17	20.5	no data	15	24.2	12	14.0	no data
Psychological pressure and manipulation by the partner	25	16.9	11	16.9	14	16.9	no data	11	17.7	14	16.5	no data
Sexual rejection	22	15.1	7	9.7	15	18.1	no data	11	17.7	11	13.3	no data
Discrimination by other PLHIV	16	10.8	7	10.4	9	11.1	no data	5	8.2	11	12.9	no data
Discrimination experienced by household members	23	15.4	9	13.6	14	16.9	no data	14	22.6	9	10.5	≤0.05
External stigma from organizations and agencies												
Had to relocate, experienced difficulties in renting accommodation	40	27.2	19	28.8	21	25.9	no data	11	17.7	29	34.5	≤0.05
Denied employment or work opportunities	40	35.7	14	28.6	26	41.3	no data	18	40.0	22	33.3	no data
Lost their jobs (employment) or other source of income	10	9.3	3	6.5	7	11.3	no data	3	7.0	7	10.8	no data
Changed responsibilities or nature of work, refused promotion	8	7.4	4	8.7	4	6.5	no data	2	4.4	6	9.5	no data
Dismissed or suspended / prevented going to educational institution	8	6.9	3	5.5	5	8.2	no data	18	30.5	16	19.3	no data

KYRGYZSTAN

Annex

	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		χ^2	PWID		non-PWID		χ^2
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
EXTERNAL STIGMA AND DISCRIMINATION												
Child was expelled / prevented from attending an educational institution, suspended from classes	1	1.1	1	2.1	0	0.0	≤0.001	0	0.0	1	1.9	no data
Denial of medical care. including dental care	12	9.1	6	9.5	6	8.7	no data	7	13.0	5	6.5	no data
RIGHTS VIOLATION												
PLHIV rights violation within the last 12 months	19	13.3	10	15.9	9	11.3	no data	13	21.7	6	7.2	≤0.05
Types of rights violation within the last 12 months												
Had to agree to medical procedures (incl. HIV testing)	59	39.3	24	37.5	35	43.2	no data	15	24.6	44	52.4	≤0.001
Refusal of health or life insurance due to HIV status	0	0.0	-	-	-	-	-	-	-	-	-	-
Arrested and brought to court on charges related to HIV status	0	0.0	-	-	-	-	-	-	-	-	-	-
Had to disclose HIV status to be allowed to enter another country	7	4.7	1	1.6	6	7.4	no data	0	0.0	7	8.3	≤0.05
Had to disclose HIV status when applying for residence or citizenship	7	4.7	3	4.7	4	4.9	no data	0	0.0	7	8.3	≤0.05
Detained. quarantined. isolated or separated from other people	3	2.0	2	3.1	1	1.2	no data	2	3.3	1	1.2	no data
Denied reproductive and sexual health services in the last 12 months	6	4.3	3	4.8	3	3.8	no data	3	5.2	3	3.7	no data
Denied family planning services in the last 12 months	70	97.2	1	2.3	1	3.4	≤0.001	20	95.2	49	98.0	≤0.01
Reproductive rights violations upon determination of HIV status												
Health care workers ever advised not to have children	23	16.4	18	30.0	5	6.3	≤0.001	7	11.9	16	19.8	no data
Health care workers ever coerced into sterilization	6	4.4	5	8.3	1	1.3	no data	2	3.4	4	5.1	no data
Health care workers coerced into termination of pregnancy (abortion)	6	20.0	6	20.7	-	-	-	4	57.1	2	8.7	≤0.05
Health care workers coerced into certain type of delivery	4	14.3	4	15.4	-	-	-	3	50.0	1	4.5	≤0.05
Health care workers enforced certain new-born feeding practices	9	32.1	9	33.3	-	-	-	3	50.0	6	27.3	no data
Health care workers linked the possibility of ARV treatment with the use of contraception	7	14.0	2	9.1	5	17.9	no data	1	5.6	6	18.8	no data
Never counselled on reproductive health issues	75	55.6	27	48.2	48	60.8	no data	34	57.6	41	53.9	no data

Annex

	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		χ^2	PWID		non-PWID		χ^2
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
SELF-STIGMATIZATION AND SELF-DISCRIMINATION												
Manifestations of self-stigmatization due to HIV-positive status												
Felt ashamed	69	46.0	34	53.1	35	43.2	no data	31	52.5	38	44.2	no data
Felt guilty	77	53.5	26	41.3	51	63.0	≤0.01	45	73.8	32	38.6	≤0.001
Blamed yourself	85	58.6	27	42.2	58	71.6	≤0.001	47	77.0	38	45.2	≤0.001
Blamed others	43	29.9	32	50.8	11	13.6	≤0.001	11	18.6	31	36.9	≤0.05
Experienced low self-esteem	44	31.0	20	32.8	24	29.6	no data	21	35.0	23	28.0	no data
Felt that he/she should be punished	19	12.7	8	13.1	11	13.6	no data	10	16.7	9	11.0	no data
Felt suicidal	21	14.0	13	21.0	8	9.8	≤0.05	8	13.3	13	15.5	no data
Manifestations of self-stigmatization due to HIV-positive status												
Decided not to attend social activities or events	15	10.0	8	13.1	7	8.6	no data	4	6.7	11	13.4	no data
Isolated from family and/or children	23	15.3	11	17.7	12	14.8	no data	8	13.1	15	18.3	no data
Decided to stop working	14	9.3	5	8.3	9	11.1	no data	4	6.7	10	12.3	no data
Decided not to apply for a job/work or for a promotion	20	13.3	10	16.4	10	12.3	no data	9	15.0	11	13.4	no data
Withdrew from education/training or did not take up an opportunity for education/training	14	9.3	8	14.0	6	7.4	no data	2	3.4	12	15.2	≤0.05
Avoided visiting the clinic	36	24.0	23	36.5	13	16.0	≤0.05	13	21.3	23	27.7	no data
Avoided visiting the hospital	29	20.1	15	23.8	14	17.3	no data	13	21.3	16	19.3	no data
Decided not to get married	36	24.0	19	31.1	17	21.5	no data	15	25.0	21	26.2	no data
Decided not to have sexual contacts	24	16.0	15	24.6	9	11.3	≤0.05	7	11.9	17	20.7	no data
Decided not to have (more) children	52	34.7	28	43.8	24	29.3	≤0.05	20	33.3	31	36.5	no data
CONFRONTING STIGMA AND DISCRIMINATION												
Confronted. challenged or educated somebody who stigmatized or discriminated against them	35	23.3	15	23.8	20	24.1	no data	20	32.3	15	17.9	≤0.05
Aware of any organizations or groups that they can ask for help if they experience stigma or discrimination:	105	70.0	46	69.7	59	72.0	no data	41	66.1	63	74.1	no data
Ever asked for help from the organizations or groups to resolve an issue of stigma and discrimination	32	21.3	14	21.9	18	22.2	no data	12	20.0	20	23.5	no data
Helped and supported other PLHIV in the last 12 months	92	61.3	42	64.6	50	60.2	no data	41	66.1	51	59.3	no data
Being a member of a support group and/or network of people living with HIV	50	33.3	31	48.4	23.2	23.2	≤0.001	17	27.4	33	39.3	no data

KYRGYZSTAN

Annex

	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		χ^2	PWID		non-PWID		χ^2
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
CONFRONTING STIGMA AND DISCRIMINATION												
Served as a volunteer or employee in any support programmes or projects for people living with HIV in the last 12 months	51	34.0	23	35.9	28	33.7	no data	25	40.3	26	30.6	no data
Participated in any process of developing legislation. policies or guidelines related to HIV	15	10.0	5	7.7	10	12.2	no data	7	11.3	8	9.4	no data
Tried to get legal redress for abuse of rights	3	6.4	1	4.5	2	8.0	no data	2	9.1	1	4.0	no data
Heard of the Declaration of Commitment on HIV/AIDS, which protects the rights of people living with HIV	58	39.5	30	46.2	28	34.1	no data	26	41.9	32	37.6	no data
Read or discussed the contents of the Declaration of Commitment on HIV/AIDS	34	37.8	14	29.2	20	47.6	no data	17	44.7	17	32.7	no data
Heard about a national document which protects the rights of people living with HIV	60	44.1	23	39.7	37	47.4	no data	29	49.2	31	40.8	no data
Read or discussed the contents of a national document which protects the rights of people living with HIV	43	46.2	14	31.8	29	59.2	no data	22	56.4	21	38.9	no data
TESTING, DIAGNOSIS AND DISCLOSURE												
Reasons for HIV testing												
Employment	7	4.7	2	3.0	5	6.0	no data	1	1.6	6	7.0	no data
Pregnancy	19	12.8	19	28.8	-	-	-	1	1.6	17	19.8	≤0.001
Preparation for a marriage/sexual relationship	2	1.3	1	1.5	1	1.2	no data	1	1.6	1	1.2	no data
Referred by a clinic for sexually transmitted infections	13	8.7	4	6.1	9	10.8	no data	6	9.7	7	8.1	no data
Referred due to suspected HIV-related symptoms (e.g. tuberculosis)	18	12.0	6	9.1	12	14.5	no data	8	12.9	10	11.6	no data
Wife/husband/partner/family member tested HIV-positive	18	12.0	16	24.2	2	2.4	≤0.001	3	4.8	15	17.4	≤0.05
Wife/husband/partner/family member got sick or died	4	2.7	3	4.5	1	1.2	no data	2	3.2	2	2.3	no data
I just wanted to know	37	24.7	9	13.6	28	33.7	≤0.05	15	24.2	37	25.0	no data
Other reasons	43	28.7	12	18.2	31	37.3	≤0.01	32	51.6	43	29.1	≤0.001
Was the decision to be tested up to you												
Yes. I decided myself to have an HIV test (i.e. it was voluntary)	69	46.9	24	36.9	45	54.9	≤0.01	29	47.5	40	46.5	≤0.01
I decided to go for the test. but under pressure by others	37	25.2	26	40.0	11	13.4		8	13.1	29	33.7	

Annex

	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
			Women		Men		χ^2	PWID		non-PWID		χ^2
	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
TESTING, DIAGNOSIS AND DISCLOSURE												
I was forced to take an HIV test (coercion)	26	17.7	8	12.3	18	22.0	≤0.01	16	26.2	10	11.6	≤0.01
I was tested without my knowledge. I only found out after the test had been done	15	10.2	7	10.8	8	9.8		8	13.1	7	8.1	
TESTING, DIAGNOSIS AND DISCLOSURE												
Did you receive counselling when you were tested for HIV												
I received pre- and post-test counselling	62	41.9	28	43.1	34	41.0	no data	20	32.3	62	41.9	≤0,05
I only received pre-test counselling	6	4.1	1	1.5	5	6.0		2	3.2	6	4.1	
I only received post-test counselling	55	37.2	28	43.1	27	32.5		24	38.7	55	37.2	
I did not receive any counselling when I had an HIV test	25	16.9	8	12.3	17	20.5		16	25.8	9	10.5	
Did you find that the disclosure of your HIV status was an empowering experience												
Yes, it was helpful	75	52.1	30	47.6	45	55.6	no data	41	67.2	34	41.0	≤0.001
No, it was not helpful	48	33.3	19	30.2	29	35.8		18	29.5	30	36.1	
Not applicable (did not disclose HIV status)	21	14.6	14	22.2	7	8.6		2	3.3	19	22.9	
DISCLOSURE AND CONFIDENTIALITY												
Felt pressure from other people to disclose HIV status												
Other PLHIV or groups/networks of PLHIV	24	16.4	17	26.6	7	8.5	≤0.01	12	19.4	12	14.3	≤0.05
Felt pressure from people not living with HIV (e.g. family members, social workers, NGO staff)	26	17.9	17	26.6	9	11.1	≤0.05	11	18.0	15	17.9	no data
Has a professional health worker (e.g. medical doctor, nurse, counsellor, laboratory technician) told others about your HIV status without your consent	46	31.3	24	36.9	22	26.8	no data	22	35.5	24	28.2	no data
How confidential do you think your medical records relating to your HIV status are												
Yes, completely confidential	32	21.8	12	18.5	20	24.4	no data	31	19,3	62	31,3	≤0.01
No, not confidential	66	44.9	29	44.6	37	45.1		73	45,3	88	44,4	
I do not know if my medical records are confidential	49	33.3	24	36.9	25	30.5		57	35,4	48	24,2	
HEALTH AND TREATMENT												
How would you describe about your health status at this moment												
Excellent	6	4.0	5	7.6	1	1.2	no data	0	0.0	6	7.0	≤0,05
Very good	8	5.4	3	4.5	5	6.0		2	3.2	6	7.0	
Good	45	30.2	24	36.4	21	25.3		16	25.8	29	33.7	

KYRGYZSTAN

Annex

	All PLHIV		PLHIV subgroups by gender					PLHIV subgroups by injection drug use				
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	abs.	%	abs.	%	abs.	%		abs.	%	abs.	%	
HEALTH AND TREATMENT												
Fair	63	42.3	24	36.4	39	47.0	no data	29	46.8	33	38.4	≤0,05
Poor	27	18.1	10	15.2	17	20.5		15	24.2	12	14.0	
Do you have any kind of physical disability	34	22.7	10	15.2	24	29.6	≤0.05	11	18.0	23	27.1	no data
Are you currently taking antiretroviral treatment	118	78.7	55	83.3	63	75.9	no data	50	80.6	67	77.9	no data
Able to access antiretroviral treatment services, even if they are not on treatment at the moment	133	90.5	57	89.1	76	91.6	no data	55	88.7	78	91.8	no data
Taking any medication prevent or treat opportunistic infections	54	36.0	26	41.3	28	33.7	no data	20	32.3	34	40.5	no data
Taking any medication to prevent or treat opportunistic infections, even if they are not on treatment at the moment	81	55.5	34	53.1	47	57.3	no data	36	58.1	45	53.6	no data
Had a constructive discussion with a health care professional on the topic of HIV-treatment options in the last 12 months	48	32.0	38	58.5	42	50.6	no data	27	43.5	53	61.6	≤0.05
PREGNANCY, DELIVERY, CHILDREN												
Have you got a child/children	98	65.3	57	87.7	41	49.4	≤0.001	38	61.3	60	69.8	no data
If yes, are any of your children HIV-positive	6	4.0	5	8.9	1	2.2	no data	1	2.4	5	8.2	no data
Have you ever been given antiretroviral treatment to prevent mother-to-child transmission of HIV? (only for women who were pregnant)												
Yes, I have received this treatment	22	39.3	20	37.0	-	-	-	5	41.7	17	38.6	no data
No, I do not know about this treatment	4	7.1	4	7.4	-	-		0	0.0	4	9.1	
No, I was refused this treatment	0	0.0	0	0.0	-	-		0	0.0	0	0.0	
No, I did not access this treatment	0	0.0	0	0.0	-	-		0	0.0	0	0.0	
No, I was not HIV-positive when pregnant	30	53.6	30	55.6	-	-		7	58.3	23	52.3